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Health Educators, Community Health Workers, Outreach workers, Media	Everyone	Average Risk ≥ 50 and Increased risk	Internist, Family Physician, Gynecologist, Nurse Practitioner, Physician's Assistant, Allied Health staff	Gastroenterologist, Surgeon, Radiologist, Pathologist	Surgeon, Oncologist, Radiation Oncologist Case Manager; Patient Navigator Social Workers Home care; Hospice
	Receive public information about disease, risk factors (including age), screening recommendations, and availability of programs for low income, uninsured residents, minority populations	Have insurance or funding to pay for screening	Decide on the "screening scheme" for the office practice Determines referral sources	Perform sigmoidoscopy, colonoscopy, double contrast barium enema as optimal screening and/or diagnostic procedure(s)	Remove tumor; stage cancer, as appropriate
	Participate in community-based participatory research (surveys, focus groups)		Take adequate history; Arrives at informed decision on best screening for the patient	Perform additional biopsies or procedures at time of colonoscopy to remove adenomatous polyps and/or cancers	Know best treatment Treat with most appropriate therapy
			Clear patient for needed procedures	Send biopsies to pathologist	Refer patients for clinical trials, as appropriate
			Screen (FOBT, flex sig) and/or sends to specialists for screening (colonoscopy, DCBE)	Pathologists read and report results to referring doctor	Provide follow-up care as needed
			Develop FOBT in office or in reference lab	Inform patient and/or provider/health department of results and recommendations	Patient has insurance or funding to pay for treatment
			Inform patient of results and provides appropriate recommendations	Patient has insurance or funding to pay for testing	
			Have reminder/recall/tickler system(s)		
			Patient has insurance or funding to pay for screening		